

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/030803

FILNO DATE

APPLICANT(S)

10-26-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2				1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10	1				1	
11		1		1		1
12		2		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18					1	
19					1	
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49						
50						
TOTAL IND.	2		2		4	
TOTAL DEP.	17		15		15	
TOTAL CLAIMS	19		17		19	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS